

**Baltimore County Public Schools and  
Council 67/Local 434 of the American Federation of State, County and  
Municipal Employees  
GRIEVANCE REPORT FORM**

**Official Use Only**

(For clear copies, please type or use ball point pen)

Grievance No. \_\_\_\_\_

Level I filed with \_\_\_\_\_

Level Processed (circle one)

Date Grievance Occurred \_\_\_\_\_

Informal (I) II III IV

Date Grievance Filed \_\_\_\_\_

Name of Grievant \_\_\_\_\_

School or Office \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Zip Code

**WHAT IS YOUR COMPLAINT? (State name and position of individual making the decision)**

*(Attach additional sheets, if needed. Indicate Article and Section of Master Agreement deemed to be violated.)*

**WHAT DO YOU THINK SHOULD BE DONE?**

**Signed**

Send copies to: Community Superintendent (or appropriate administrator), Office Head (or appropriate administrator), AFSCME, Retain one copy